## Franklin County Treasurer Broker/Dealer Request for Information

## **Section I:** Statement of Position and General Requirements

The Treasurer of Franklin County, Ohio (hereinafter referred to as the "Treasurer") manages a portfolio that averages Eight Hundred Million Dollars (\$800,000,000.00 to \$1,250,000,000.00) which is comprised mainly of U.S. Treasury obligations, Agency obligations and money market instruments. The Treasurer has adopted written Investment Policies that regulate the standards and procedures used in his cash management activities. A copy of the Investment Policy is available at <a href="http://ttgcuttgt0tcpmkpeqwpvfqjkq0qx/investments/">http://ttgcuttgt0tcpmkpeqwpvfqjkq0qx/investments/</a> for your review and your requisite signature.

The Treasurer maintains pre-approved relationships with qualified members of the broker/dealer community who understand the needs, constraints and goals of the Treasurer.

Brokers/dealers will be notified of the approval or their current inactive status by the Treasurer in writing. No transactions will be conducted with an approved broker/dealer until all paperwork required by both parties has been executed. The Treasurer solicits multiple competitive bids and offers on the transactions. All securities will be paid for upon delivery to the third-party custodian named by the Treasurer. Treasury personnel will review and substantiate all information and references requested in the document; therefore, please answer all questions as thoroughly as possible.

## Section II – Part I: Request for General Information from Broker/Dealer Candidate

1.	Name of Firm:	
2.	Address/Local:	
	Headquarters:	
	Provide both street ac	ddress and/or P.O. Box No., if applicable.
3.	Telephone Local:	
		(800)
	Headquarters:	
4.	Contact Personnel:	(Provide as an attachment if more space is required.)
	Name:	
	Title:	
	Telephone No.:	
	Name:	
	Title:	
	Telephone No.:	
	Name:	
	Title:	
	Telephone No.:	

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POC: Emily Perkins, Investment and Cash Management Officer

Phone: (614) 747-6664

E-mail: esperkin@franklincountyohio.gov

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- 4a. Provide background information concerning the account representatives listed in No. 4 above. Please include information on the individual's employment history as it relates to the securities industry, official licenses and certificates, the history and details of any disciplinary actions or complaints and the disposition of each, as well as the history of any arbitration or litigation, a brief description of any "settled" claims from the SEC, the nature of the case and the status or the disposition.
- 5. Please provide the following information regarding at least four comparable clients with whom any of the representatives listed in No. 4 has an established relationship. We would **prefer public sector clients** in our geographical area, if possible. **Please notify your client that we will call.**

Client Name: Address:	 
Person to Contact:	
Telephone Number:	 
Length of Relationship:	 
Client Name:	
Address:	 
<b>D</b>	 
Person to Contact: Telephone Number:	 
Length of Relationship:	 
Client Name:	 
Address:	 
Person to Contact:	
Telephone Number:	
Length of Relationship:	 
Client Name:	
Address:	
Person to Contact:	 
Telephone Number:	 
Length of Relationship:	

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Yes	No				
If yes, by wh	nich Principal?				
Please list the name of the immediate supervisor of the account representative(s) named in your response to No. 4 above.					
Briefly descr	ribe any formal program of supe o. 4, if your firm has established s	ervision of the account representative(s) uch a program.			
Is your firm a member of NASD?					
YesIf not, why?					
	" by each regulatory agency that nd regulations.	your firm is examined by and/or subject			
	SEC	NYSE			
FDIC		Comptroller of Currency Federal Reserve System			
	of Currency Fe	ederal Reserve System			
Comptroller	of Currency Fe on of Securities: (Dept. of Comm	·			
Comptroller Ohio Divisio Multi-state f	on of Securities: (Dept. of Comm	ssary to include regulatory agencies that			
Comptroller Ohio Divisio Multi-state f do not have j Have you ol	on of Securities: (Dept. of Committees of Securities) (Dept. of Securities)	essary to include regulatory agencies that vities.  operate as a broker/dealer in Franklin			

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11.	If you are not a bank, please principal banking relationship.  Bank Name:  Address:	provide the following informat			
	Person to Contact: Telephone No.: Length of Relationship:				
12.	Place an "X" on the line next to each of the instruments set forth below in which you make an active market (both buy and sell).				
	T-BillsBAsBank CDsBSEs	Commercial Paper			
	Other				
13.	Does your firm specialize in any which ones.	y of the instruments listed above?	If so, please specify		
Section	n II – Part II: Request for Bro	oker/Dealer Candidate Disclosur	·e		
14.	or regulatory proceedings, either been subject to, or named as a prive years that involved issues securities to institutional clients audit of securities to a client? purposes of this section, praccountant applying generally such proceedings requires discounty additionally considers formal or informal opinion, sections.	has there been any "material" lier pending, adjudicated or settled party to, or named as possible party concerning the suitability of the or fraudulent or unfair practices rates of the proceedings are "material" if y accepted accounting principles sclosure on your financial states it to be "material" if the SEC ettlement notice, or correspondent writing that such exists, or is presented.	ty to within the last sale or purchase of related to the sale or such matter. For an independent es determines that ements. Franklin or NASD issued a ence detailing it as		
<u>Please</u> are / a	<u>sign</u> YES: re not <u>(circle one)</u> material issu	or, NO:es pending or settled.	there		

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15. Please provide certified audited financial statements for the last five (5) years if this is a <u>NEW</u> application. Please provide certified audited financial statements for the last year if this is an update of information. In addition, for those dealers preparing and submitting financial statements to the following organizations, please provide publicly available <u>annual</u> financial documents filed with these agencies for the previous five (5) years (or last year if this is an update):

National Association of Securities Dealers Securities and Exchange Commission New York Stock Exchange Federal Deposit Insurance Corporation

16.	Name & <u>original</u> signatures of the / all representative(s) assigned to the Frankl County Treasurer's account; signifying that they have read, signed and <u>will follow</u> our Investment Policy.				
Name:		signature:	CRD#		
Name:		signature:	CRD#		
Name:		signature:	CRD#		
	ss with us.  I III: Firm Certifica  I have read and agree to  Interim Funds of Frank	tion o comply with the Inves lin County, Ohio.	tment Policies of the Treasurer for the		
	I hereby certify that the above is true and correct to the best of my knowledge and that I am authorized to execute this request for information on behalf of:				
	Name of Firm				
	By*				
	Signature *				
	Title*				
Note 1	Date : the foregoing form m	ust be signed by a prin	 cipal of your firm.		

Note 2: To the Legal/Compliance departments of your firms, this is non negotiable since it is a requirement of Ohio Revised Code § 135 that your firm sign, or not do

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